

DATE SIGNED:
NEXT COURT DATE:

CASE NO.
DOCKET NO.

APPLICATION FOR DRUG COURT DEFERRED JUDGMENT PROGRAM

ALL ANSWERS MUST BE COMPLETE. TYPE OR PRINT CLEARLY

1. FULL NAME:

TELEPHONE:

ADDRESS:

(Street)

(City)

(State)

(Zip)

LENGTH OF RESIDENCE AT PRESENT ADDRESS:

2. AGE:

3. DATE OF BIRTH:

4. SEX:

5. RACE:

6. PLACE OF BIRTH:

7. SOCIAL SECURITY NUMBER:

8. DRIVER'S LICENSE NUMBER:

STATE:

9. MARITAL STATUS:

SPOUSE'S NAME:

SPOUSE'S AGE:

SPOUSE'S EMPLOYMENT:

10. NUMBER OF DEPENDENTS:

NAME

AGE

NAME

AGE

11. OTHER HOUSEHOLD MEMBERS LIVING WITH YOU, NOT YOUR SPOUSE OR LISTED AS A
DEPENDENT. Their name, age, employment:

12. EDUCATION:

SCHOOL

LOCATION

GRADE OR DEGREE

13. VOCATIONAL TRAINING: YES NO TYPE:

14. MILITARY SERVICE: YES NO BRANCH:

TYPE OF DISCHARGE:

DATE OF DISCHARGE:

15. NEAREST CONTACT:

NAME:

TELEPHONE:

ADDRESS:

RELATION TO DEFENDANT:

16. DEFENSE ATTORNEY:

NAME:

TELEPHONE:

ADDRESS:

17. PRESENT SOURCE OF INCOME (PLEASE GIVE AMOUNTS FROM EACH SOURCE):

DEFENDANT'S EMPLOYMENT: \$ PER MONTH

SPOUSE'S EMPLOYMENT: \$ PER MONTH

UNEMPLOYMENT COMPENSATION: \$ PER MONTH

PUBLIC ASSISTANCE: \$ PER MONTH

OTHER: \$ PER MONTH

SUCH AS PARENTS,
RELATIVES, FRIENDS ETC.

18. PRESENT EMPLOYMENT:

EMPLOYER:

TELEPHONE:

ADDRESS:

DATE EMPLOYED:

OCCUPATION/TYPE OF WORK:

SALARY:

19. EMPLOYMENT HISTORY: (Beginning with last previous employer)*

EMPLOYER:

TELEPHONE:

ADDRESS:

DATE EMPLOYED:

OCCUPATION/TYPE OF WORK:

REASON LEFT:

EMPLOYER:

TELEPHONE:

ADDRESS:

DATE EMPLOYED:

OCCUPATION/TYPE OF WORK:

REASON LEFT:

EMPLOYER:

TELEPHONE:

ADDRESS:

DATE EMPLOYED:

OCCUPATION/TYPE OF WORK:

REASON LEFT:

*LIST EMPLOYMENT FOR LAST TWO YEARS - IF EXTRA SPACE NEEDED, ATTACH A BLANK SHEET OF PAPER.

20. PRIOR OFFENSE RECORD: NONE JUVENILE ADULT

CRIMINAL OFFENSE CONVICTIONS, DIVERSIONS, AND/OR DEFERRED JUDGMENTS:

21. DATE OF ARREST FOR PRESENT CHARGE(S):

22. Have you ever participated in any kind of psychological, psychiatric, or substance abuse counseling or treatment? If yes, state where and date of participation.

23. Are you now, or have you ever participated in any other diversion or deferred judgment program? If yes, please state where, the effective date of the program and the charge(s) diverted.

24. Do you have any other charges pending in this city or another city, state, or federal jurisdiction? If yes, please state where and what charge or charges.

25. PERSONAL REFERENCES:

NAME:

TELEPHONE:

ADDRESS:

RELATION TO DEFENDANT:

NAME:

TELEPHONE:

ADDRESS:

RELATION TO DEFENDANT:

26. STATE IN YOUR OWN WORDS WHY YOU WERE ARRESTED FOR THIS OFFENSE:

I hereby apply for status as a participant in the Drug Court Deferred Judgment Program and request that upon my plea of guilty to the charge or charges listed herein, the Municipal Court Judge temporarily defer judgment and sentencing against me in order to permit consideration of this application. I understand that the final decision to request that the Court defer judgment and sentencing in my case rests entirely with the City Attorney.

I authorize the City Attorney to conduct an investigation to determine my suitability for this program. I authorize the city Attorney to conduct a background check of my past employment record and I authorize my present and previous employers to furnish the City Attorney's Office with any information they request. I understand that any information furnished by me or authorized by me to be furnished to the Deferred Judgment Officer in connection with this investigation will be kept confidential.

A false answer to any question in this application may be grounds for recommendation against placement into this program or removal after placement in the program, in which case the City Attorney will request that the Municipal Court Judge enter judgment and sentence against me upon my plea of guilty to the original charge(s).

DATE

APPLICANT